

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 1998

Licensed Community and Free Clinics

STATE USE ONLY
Page 0, Line 1
Col. 3
STATUS _____

Return **BY FEBRUARY 15, 1999** to:
Office of Statewide Health Planning
and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA 95814

Completion of this "Annual Utilization Report of Primary Care Clinics" is required by Sections 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15, may result in suspension of the clinic's license.

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 322-7422 or (916) 323-7685.

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility and the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

Administrator's Name (Please Print)

Name of person completing form and /or contact person
for any follow-up questions (Please Print)

Administrator's Signature

Print Title and Department of Person Responsible for the
Report

_____ **Dæ**

()

Area Code Phone Ext.

3. ()

Area Code Facility Phone Number

()

Area Code FAX Number

DATES OF OPERATION

A. COMPLETE THIS LINE ONLY IF YOUR CLINIC WAS DELICENSED (CLOSED), WENT INTO SUSPENSE, NEWLY OPENED OR CHANGED LICENSEE/OWNERSHIP IN 1998.

Col. 1

11. FROM

MonthDay

THROUGH

Col. 2

MonthDay

B. PATIENTS AND ENCOUNTERS IN THE CALENDAR YEAR

Please report the total number of individual, non-duplicated patients served and the total number of encounters for these patients. Please refer to the INSTRUCTIONS for further detail.

	PATIENTS Col. 1	ENCOUNTERS Col. 2
TOTAL, all locations under this license (Main, Mobile, Satellite, etc.) 19		

Please report the total number of patients and encounters (included above) for Seasonal Agricultural and Migratory Workers.

	PATIENTS Col. 1	ENCOUNTERS Col. 2
TOTAL, Seasonal Agricultural and Migratory Workers and their Dependents 20		

Enter the number of volunteers used during the calendar year21_____

Enter a 1 if your clinic is a 95-210 clinic22_____

Enter a 1 if your clinic is a Federally Qualified Health Center (FQHC)23_____

Enter a 1 if your clinic is a FQHC "look-alike"24_____

Enter a 1 if your clinic provided medical support services to a school system.....25_____

Enter a 1 if you have a written agreement with an agency to provide or arrange for health services....26_____

MAJOR CAPITAL EXPENDITURES

The collection of this data is mandated by Section 127285(c) of the Health and Safety Code, in order to track the effects of CON deregulation since 1987.

List each acquisition of diagnostic or therapeutic equipment over **\$500,000** in Table A below.

Table A DIAGNOSTIC/THERAPEUTIC EQUIPMENT ACQUIRED

Line	Market Value	OSHPD PROJECT NUMBER	Date of Acquisition Col. 3	MEANS OF ACQUISITION
	Col. 1	Col. 2		1 = Purchase 2 = Lease 3 = Donation 4 = Other Col. 4
1				
2				
3				
4				

List the building project(s) your facility commenced during the calendar year in Table B below. List those which require an aggregate capital expenditure of over **\$1,000,000**.

Table B PROJECTS OVER \$1,000,000 COMMENCED DURING THE CALENDAR YEAR

Line	Projected Total Capital Expenditure Col. 1	OSHPD PROJECT NUMBER Col. 2
21		
22		

PRIMARY CARE PRACTITIONERS

Enter the number of full time equivalent *licensed or certified* Primary Care Practitioners providing care in the clinic in Table C below.

Table C LICENSED OR CERTIFIED PRIMARY CARE PRACTITIONERS

Line	Primary Care Practitioners	Number of FTEs
23	Physicians	
24	Physician Assistants	
25	Family Nurse Practitioners	
26	Certified Nurse Midwives	
27	Home Health Nurses or Visiting Nurses	
28	Dentists	

Table D: Service Delivery and Number of Encounters by Providers

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS Enter Nine Digit I.D. |__|__|__|__|__|__|__|__|__|

Line	SERVICE TYPE	Number of Encounters by Physician Providers Col. 1	Number of Encounters by Mid-Level Providers Col. 2	Number of Encounters by Other Providers Col. 3	Number of Encounters by Dental Providers Col. 4
	A. General Medical Services				
1	Adults (Age 20+)				
2	Adolescents (Age 13-19)				
3	Pediatrics (Age 0-12)				
	B. Preventive Adult Health Services (Age 20+)				
4	Perinatal Services				
5	Public Health Services				
6	All Other Preventive Services				
	C. Preventive Adolescent Health Services (Age 13-19)				
7	Perinatal Services				
8	Public Health Services				
9	All Other Preventive Services				
	D. Preventive Pediatric Health Services (Age 0-12)				
10	Perinatal Services				
11	Public Health Services				
12	All Other Preventive Services				
	E. Family Planning Services (Including vasectomies)				
13	Adults (Age 20+)				
14	Adolescents (Age 13-19)				
15	Pediatrics (Age 0-12)				
	F. Abortions				
16	Adults (Age 20+)				
17	Adolescents (Age 13-19)				
18	Pediatrics (Age 0-12)				
	G. Sexually Transmitted Diseases (Excluding HIV)				
19	Adults (Age 20+)				
20	Adolescents (Age 13-19)				
21	Pediatrics (Age 0-12)				
60*	TOTAL PAGE 4 (Sum of lines 1-21)*				

*All Column totals must equal Page 6, Line 60.

Table D: Service Delivery and Number of Encounters by Providers (Cont.)

Line	SERVICE TYPE	Number of Encounters by Physician Providers Col. 1	Number of Encounters by Mid-Level Providers Col. 2	Number of Encounters by Other Providers Col. 3	Number of Encounters by Dental Providers Col. 4
	H. Maternity Care/Delivery Services - Adult (Age 20+)				
22	Prenatal				
23	Total Live Births				
24	Live Births 1500 - 2500 grams (Included in line 23)				
25	Live Births less than 1500 grams (Included in Line 23)				
	I. Maternity Care/Delivery Services - Adolescent (Age 13-19)				
26	Prenatal				
27	Total Live Births				
28	Live Births 1500 - 2500 grams (Included in line 27)				
29	Live Births less than 1500 grams (Included in line 27)				
	J. Maternity Care/Delivery Services - Pediatrics (Age 0-12)				
30	Prenatal				
31	Total Live Births				
32	Live Births 1500 - 2500 grams (Included in line 31)				
33	Live Births less than 1500 grams (Included in line 31)				
	K. HIV Services - Adult (Age 20+)				
34	Testing				
35	Counseling				
	L. HIV Services - Adolescent (Age 13-19)				
36	Testing				
37	Counseling				
	M. HIV Services - Pediatrics (Age 0-12)				
38	Testing				
39	Counseling				
	N. Substance Abuse (alcohol and drug)				
40	Adults (Age 20+)				
41	Adolescents (Age 13-19)				
42	Pediatrics (Age 0-12)				
59*	TOTAL PAGE 5 (Sum of lines 22, 23, 26, 27, 30, 31, and 34-42)*				

*All Column totals must equal Page 6, Line 59

Table D: Service Delivery and Number of Encounters by Providers (Cont.)

Line	SERVICE TYPE	Number of Encounters by Physician Providers Col. 1	Number of Encounters by Mid-Level Providers Col. 2	Number of Encounters by Other Providers Col. 3	Number of Encounters by Dental Providers Col. 4
	O. Tobacco Cessation and Education				
43	Adults (Age 20+)				
44	Adolescents (Age 13-19)				
45	Pediatrics (Age 0-12)				
	P. Dental Services				
46	Adults (Age 20+)				
47	Adolescents (Age 13-19)				
48	Pediatrics (Age 0-12)				
	Q. Rehabilitation Services (Occupational or physical therapy, speech therapy, related medical, home health)				
49	Adults (Age 20+)				
50	Adolescents (Age 13-19)				
51	Pediatrics (Age 0-12)				
	R. Mental Health Services				
52	Adults (Age 20+)				
53	Adolescents (Age 13-19)				
54	Pediatrics (Age 0-12)				
	S. Other Health Services***				
55	Adults (Age 20+)				
56	Adolescents (Age 13-19)				
57	Pediatrics (Age 0-12)				
58	TOTAL PAGE 6 (Sum of lines 43-57)				
59	TOTAL PAGE 5				
60	TOTAL PAGE 4				
61	GRAND TOTAL (Pages 4, 5 & 6) @				

*** INCLUDES: but not limited to: Optometry, Chiropractic, Acupuncture, Audiology and Podiatrist

@ Page 6, Line 61 (all columns): encounters from all columns must equal Page 2, Line 19, Column 2

Table E - FINANCIAL & UTILIZATION DATA FOR CALENDAR YEAR
Please round to the nearest dollar, do not enter cents! Do not fill in shaded areas!

							Breakout of Write-offs/Adjustments (Col. 5)			
	Charges/Revenues By Payment Source	Number Of Patients	Number of Encounters	Charges: 100% Rate	Net Revenues	Write- offs/ Adjust- Ments	Sliding Fee Scale Write-offs	Free/ Comple- mentary	Contractual Adjustments	Bad Debt
Line		COL. 1	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8	COL. 9
1	Medicare									
2	Medi-Cal**									
3	SLIAG									
4	CHDP									
5	MISP									
6	CMSP									
7	EAPC									
8	Other County Programs									
9	Other State Programs (Excluding WIC)									
10	Private Insurance									
11	Patient Pay (Self Pay)									
12	Non-Pay (Free Patients)									
13										
14	All Other Payers									
15	Totals									

Report the following for each payment source for encounters taking place January through December of the reporting year only:

COL 1) Number of patients receiving services funded by the payment source listed.

COL 2) Number of encounters

COL 3) Amount clinic would normally charge at full rates for services provided during the reporting year only. **Exceptions: for such programs as 95-210 or 95-210 look-alike, where the reimbursement is greater than the clinic 100% charge, use program reimbursement rate. In this case there will be no Write-off/Adjustments.** Also report the value of free services provided by Free clinics in this column.

COL 4) Revenues collected and anticipated to be collected for the reporting year encounters only (COL 2). This does not include payments received for services provided in years prior to the reporting year. See "Aging of Accounts" below. There can be no negative numbers on this page.

COL 5) Total amount of write-offs and adjustments (sum of Columns 6-9) for services provided during the reporting year only

COL 6) Amount written off due to sliding-fee (income-determined) adjustments for services provided during the reporting year only. Eligibility determinations made by other programs, such as Medi-Cal, may be used to supplement the clinic's sliding fee scale process if based on written policy of the clinic and approved by the clinic's governing board.

COL 7) Amount of free services provided during the reporting year. Free services are those provided at no cost to clients.

COL 8) Contractual Adjustment is the difference between the facility's 100% charge for a service or procedure and the lessor amount received because of a contractual agreement between the clinic and the Third Party Payer.

COL 9) Bad Debt is the amount not received when payment is expected. Bad debt includes unpaid sliding fee scale payments and patient co-payments.

COLUMN 3= SUM OF COLUMNS 4+ 5
COLUMN 5= SUM OF COLUMNS 6+ 7+ 8+ 9

****Medi-Cal includes 95-210**

FINANCIAL & UTILIZATION DATA FOR CALENDAR YEAR

COMPUTATION OF OPERATING COST

Table F: Annual Operating Costs (expenses) for the clinic.

Line	OPERATING COSTS	Column 1
1	Salaries, Wages & Benefits	
2	Supplies – Office	
3	Supplies – Medical & Dental	
4	Rent/Mortgage	
5	Utilities	
6	Other	
7	TOTAL Operating Costs*	

Please SPECIFY Other (Line 6) if \$ amount is more than 10% of total Operating Costs (Line 7). Use space above.

*Enter this amount on Line 20, Column 3, below.

COMPUTATION OF NET OPERATING REVENUE

Table G

Line	REVENUE SOURCES	CONTRACT Col. 1	GRANT Col. 2	TOTAL Col. 3
10	NET PATIENT REVENUE (use page 7, line 15, column 4)			
	A. INSTITUTIONAL SUPPORT			
12	Federal			
13	State			
14	County			
15	Local (City or District)			
16	Private/Other			
17	HMO			
18	Donations/Contributions			
19	Total Operating Revenue			
20	Less: Operating Expenses			
21	NET FROM OPERATIONS			

Table H - Other Community Services Provided

Provide a contact count for the following services in Column 1.

Remember: a contact is not a patient or an encounter and may be duplicated.

Line		Number of Contacts Col. 1		Line		Number of Contacts Col. 1
1	Outreach			8	Legal	
2	Community Education			9	Environmental Health	
3	Social Services			10	Transportation	
4	Substance Abuse			11	Community Nutrition	
5	Vocational Training/Placement			12	Adult Day Care	
6	Disaster Relief			13	Homeless	
7	Child Care			14	Other, Specify:	

Enter the number 1 if your facility provides bilingual or multilingual services..... 15_____

Table I - Languages Spoken By Clinic Staff (Other Than English)

Line		Col. 1		Line		Col. 1
16	Armenian			24	Korean	
17	Arabic			25	Portuguese	
18	Chinese (Cantonese)			26	Punjabi	
19	Chinese (Mandarin)			27	Sign Language	
20	French			28	Spanish	
21	German			29	Tagalog	
22	Hindustani			30	Vietnamese	
23	Japanese			31	Other, Specify:	

NOTE: Enter the number 1 on the appropriate line for each language spoken by clinic staff, other than English.**PATIENT PROFILE**PLEASE PROVIDE THE PERCENTAGE of your patient population that does not speak English
(Round to the nearest WHOLE percent)..... 41_____

From the languages in Table I, enter the line number of the primary language, spoken by your patient population 42_____

PLEASE READ INSTRUCTIONS!

TABLE J.

ADDITIONAL SERVICE INFORMATION		NUMBER Col. 1
Line		
3	Reportable Communicable Diseases	
4	Immunizations	
5	CHDP Assessments	
CHDTP Medical Services		
6	Treatments	
7	Referrals-Out	
8	Referrals-In	
CHDTP Dental Services		
9	Treatments	
10	Referrals-Out	
11	Referrals-In	
CHDTP Other Services		
12	Treatments	
13	Referrals-Out	
14	Referrals-In	

TABLE K.

RACE/ETHNICITY		NUMBER OF PATIENTS Col. 1
Line	Unduplicated Patients	
15	Asian	
16	Black	
17	White	
18	Hispanic	
19	Filipino	
20	Native American	
21	Pacific Islander	
22	Other Non-white	
23	TOTAL @	

@Total must equal Page 2, Line 19, Col. 1

TABLE L.

AGE CATEGORIES		# of Males Col. 1	# of Females Col. 2
Line	Unduplicated Patients		
24	Under 1 year		
25	1-4 years		
26	5-12 years		
27	13-19 years		
28	20-34 years		
29	35-44 years		
30	45-64 years		
31	65 and over		
32	TOTAL @		

@Total from Col. 1 + Col. 2 must equal Page 2, Line 19, Col. 1

TABLE M.

	# AT POVERTY LEVEL* OF UNDUPLICATED PATIENTS	NUMBER OF PATIENTS Col. 1
Line		
34	Below 100%	
35	100 - 200%	
36	Above 200%	
37	TOTAL @	

*Based on yearly income
@Total must equal Page 2, Line 19, Col. 1